



# IDAHO DEPARTMENT OF HEALTH & WELFARE

## **MONTHLY DEPENDENT CARE CHARGES FORM**

This form is NOT an application for Idaho Child Care. To apply for Idaho Child Care you must complete an Application for Assistance. The form below is part of the verification that is necessary for completing the application process. Parents applying for the Idaho Child Care Program or parents currently receiving child care assistance can use the form to verify cost for care or report changes. The form is appropriate in the following conditions:

- When you apply for Idaho Child Care and verification of child care costs is necessary
- When you change child care providers
- When the amount of child care being charged has changed
- When the children in daycare changes or the time a child spends in daycare changes

Please print and complete this form. Once complete please provide the form to your local field office.

Date Stamp \_\_\_\_\_

HW 0427  
Revised 3/1999**MONTHLY DEPENDENT CARE CHARGES**

Case Name:	Case Number:	
	Family Number:	C.L. Number:

Effective Date Of This Arrangement \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PART A: COMPLETED BY PARENT**

Full Name of Parent:	Home Phone Number:
Home Address:	Work Phone Number:
In case of Emergency Contact:	

**PART B: COMPLETED BY PROVIDER**

Provider Name:	Business Name, if different:
Provider Address:	
Provider Phone Number:	Vendor # (if available):
Are you a registered Idaho Child Care Program (ICCP) provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you related to the children listed below? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", what is your relationship?	
How many children do you usually provide care for? (Include the children listed below, but not your own children.) <input type="checkbox"/> 6 or less <input type="checkbox"/> 7 - 12 <input type="checkbox"/> 13 or more	

Name of Each Child Receiving Dependent Care	Total Cost for Each Child (Anticipated Monthly)	Total Number Of Hours of Care (Anticipated Monthly)	Is the Child Attending School? *	How is the Dependent Care Billed? (Hour, Day, Week, or Month)
	\$	Hours	Y / N	\$ Per
	\$	Hours	Y / N	\$ Per
	\$	Hours	Y / N	\$ Per
	\$	Hours	Y / N	\$ Per

\*For children who attend school, what is the rate/charge for days when there is no school? ☐ Same OR \$ Per

**IN SIGNING THIS FORM,  
WE ARE ACKNOWLEDGING THE ABOVE TERMS HAVE BEEN AGREED UPON BY BOTH PARTIES.**

Provider's Signature	Tax Identification # or SSN	Date
Parent's Signature	Social Security #	Date

**Reporting requirements are as follows:**

- The Parent must report a change in provider, a change in the parent's activity, a change in child care need, or a change in income.
- The Provider must report a change in the amount they charge.

Distribution: Original: Case Record Yellow: Parent Pink: Provider